

## GRANT COUNTY BOARD OF COUNTY COMMISSIONERS

# Memo

**To:** Board of County Commissioners

**From:** Janice Flynn, Administrative Services Coordinator

**Date:** August 23, 2023

**Re:** *Authorization for Release of BOCC Approved Funds, Request #13, SIP #2021-01- GC Hospital #4 – McKay Healthcare, Phase 1 Capital Improvement Plan*

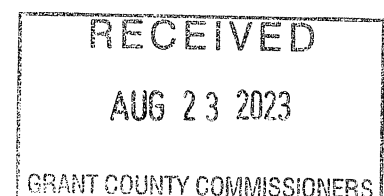
McKay Healthcare has certified the requirements for release of funds in the above-referenced SIP project, which was approved by the BOCC pursuant to Resolution No. 21-013-CC dated February 16, 2021. The proof of requirements is in the form of a signed Project Certification form from the Hospital and supporting invoicing of the project that meets the requested amount.

To that end, I am requesting the release of funds on this SIP project as follows:

- (1) 13th installment of the **grant** award in the amount of Twenty Thousand, Seven Hundred Forty Nine and 24/100 Dollars (\$20,749.24) to McKay Healthcare.

**Note:** The full grant/loan amount is \$350,000. This leaves a balance of \$149,867.63.

Thank you.



**GRANT COUNTY  
STRATEGIC INFRASTRUCTURE PROGRAM**

---

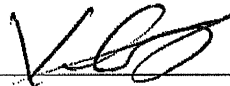
**PROJECT CERTIFICATION**

**This form must be signed and returned, with an invoice, for the approved funding,  
before reimbursement can be approved by Grant County.**

SIP Project Proposal Number:	SIP2021-01
SIP Funding Recipient	McKay Hospital & Rehab
SIP Project Description	Phase 1 Capital Improvement Plan

I, the undersigned, do hereby certify under penalty of perjury, that the materials have been furnished, the services rendered, and/or the labor performed as described in the project proposal for the above-referenced SIP Project and that I am authorized to authenticate and certify to this claim. I also certify that this claim of \$20,749.24 is just and due and is an unpaid obligation against Grant County.

Further, according to the SIP Project Funding Policies, I attest that at the next audit of my entity, this project shall be called to the attention of the Washington State Auditor's Office and an emphasis audit will be requested to assure that these funds were expended toward the project and according to the intent of the proposal.

  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Administrator/Superintendent  
Title

Victor Odiakosa  
\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Administrator/Superintendent  
Printed Title

8/21/23  
\_\_\_\_\_  
Date Signed

**Completed, signed original certification and invoice are to be mailed to:  
Administrative Services Coordinator, PO Box 37, Ephrata, WA 98823**

**Reimbursement # 13 in the amount of \$20,749.24**

[illegible]

6041 093065

\$1,000.00

PAY  
TO THE  
ORDER OF

PCI  
400 S Jefferson, Ste 301  
Spokane, WA 99204

BY

-BY

**AUTHORIZED SIGNATURE**

11604109306511 112320671011 15360738953011



**Pennell Consulting Inc.**  
Electrical and Electronics  
System Design

400 South Jefferson, Suite 301  
Spokane, WA 99204

# Invoice

Date	Invoice #
6/19/2023	3267

## Bill To

Public Hospital District #4  
of Grant County WA  
PO Box 819  
Soap Lake, WA 98851  
Attn: Erica Gaertner

RECEIVED JUN 19 2023

Client Account #	Job Number	Project		
	2021.13	McKay Healthcare Generator Rplcmt		
Description	Quantity	Rate	Amount	
Construction Administration @ 57%  <u>SIP 2021-01</u> <u>GENERATOR</u>  Vendor #: <u>501</u> Bars Code <u>6A0235</u> Name <u>Adm - PB-Other</u> Amount <u>1800.00</u>  Total: <u>1800.00</u> Dept. Head Approval: <u>[Signature]</u>  <b>ENTERED</b> <u>6/11/2023</u> <u>[Signature]</u>		1,000.00	1,000.00	
Please contact Cindy Merrick with questions at (509) 747-1888, or cindy.merrick@pennellconsulting.com		<b>Total</b>	<b>\$1,000.00</b>	



**Pennell Consulting Inc.**  
Electrical and Electronics  
System Design

Grant County	H09	Job Name:	McKay Healthcare Generator Replacement
Billing Cutoff:	15th	Rob	Job Number: 2021.13

Revised Description of Work

Schedule of Values/Progress Billing for the Month of June 2023

Item #	Description of Work	Accum Prior Mos		Current Month		Total Billed		Balance to Complete
		Previous %	Previous Billed	Current %	Current to Bill	Total % Billed	Total Billed	
1	Design Development	100%	\$ 5,503.89	100%	\$ -	100%	\$ 5,503.89	\$ -
2	65% Construction Documents	100%	\$ 8,255.83	100%	\$ -	100%	\$ 8,255.83	\$ -
3	100% Construction Documents	100%	\$ 9,478.93	100%	\$ -	100%	\$ 9,478.93	\$ -
4	Bid Phase	100%	\$ 611.54	100%	\$ -	100%	\$ 611.54	\$ -
5	Construction Administration	41%	\$ 6,115.43	57%	\$ 1,000.00	57%	\$ 3,500.00	\$ 2,615.43
6	Project Close Out		\$ 611.54		\$ -	0%	\$ 0.00	\$ 611.54
	<b>TOTAL</b>		\$ 30,577.16		\$ 1,000.00		\$ 27,350.19	\$ 3,226.97
	<b>Reimbursables</b>							
	Design Trip #1 (4/28/21)	100%	\$ 653.62	100%	\$ -	100%	\$ 653.62	\$ -
	Design Trip #2 (6/14/21)	100%	\$ 653.62	100%	\$ -	100%	\$ 653.62	\$ -
	Design Trip #3 (10/12/21)	100%	\$ 653.62	100%	\$ -	100%	\$ 653.62	\$ -
	Design Trip #4 (1/19/22)	100%	\$ 653.62	100%	\$ -	100%	\$ 653.62	\$ -
	Pre-Bid Walk Through #1	100%	\$ 893.62	100%	\$ -	100%	\$ 893.62	\$ -
	CA Trip #1		\$ 893.62		\$ -	0%	\$ 0.00	\$ 893.62
	Utility Coordination		\$ 1,101.12		\$ -	0%	\$ 0.00	\$ 1,101.12
	L&I Permit Fees	100%	\$ 920.00	100%	\$ -	100%	\$ 920.00	\$ -
	Total Reimbursables		\$ 6,422.84		\$ -		\$ 4,428.10	\$ 1,994.74
	<b>CONTRACT TOTAL</b>		\$ 37,000.00		\$ 1,000.00		\$ 31,778.29	\$ 5,221.71
	Change Orders							
	DCO#1 - Dept. of Health Fees	100%	\$ 6,176.50	100%	\$ -	100%	\$ 6,176.50	\$ -
	DCO#2 - Second Pre-Bid Walkthru	100%	\$ 1,135.72	100%	\$ -	100%	\$ 1,135.72	\$ -
	<b>Project Totals</b>		\$ 44,312.22		\$ 1,000.00		\$ 39,090.51	\$ 5,221.71

AR Use Only:

Invoice # 3267  
Date: 6/19/2023  
M/E: E

Invoice Number	Invoice Date	Description	Gross Amount	Discount Taken	Net Amount Paid
164005	06/08/2023	SIP No. 2021-01 - Generator	\$19,749.24	\$0.00	\$19,749.24
			\$19,749.24	\$0.00	\$19,749.24

# McKAY HEALTHCARE

127 SECOND AVE SW - PO BOX 819  
SOAP LAKE, WA 98851  
(509) 246-1111



96-671 415  
1232

6041 093102

93102

08/02/2023

\$19,749.24

Nineteen Thousand Seven Hundred Forty Nine Dollars and 24 Cents

**PAY  
TO THE  
ORDER OF**

Colvico Inc  
PO Box 2682  
Spokane, WA 99220

BY

BY

**AUTHORIZED SIGNATURE**

04 1093 102 1: 123206710: 153607389530



Please remit payment to:  
Colvico, Inc.  
PO Box 2682  
Spokane, WA 99220  
(509) 636-1875

AIA INVOICE #: 164005  
INVOICE DATE: 6/8/2023

PERIOD TO: 5/31/2023  
APPLICATION #: 2  
PO#:  
DUE DATE: 7/7/2023

**BILL TO:**  
Public Hospital Dist. 4 of Grant Co.  
PO Box 819  
Soap Lake, WA 98851

**JOB:** 10206  
McKay Health Care  
Generator Replacement  
Contract 2022-2

ITEM	DESCRIPTION	SCHEDULED VALUE	PREVIOUS APPLICATION	CURRENT COMPLETED	STORED MATERIALS	TOTAL COMPLETED	% COMPLETE	BALANCE	RETAINAGE
1	Submittals	\$2,000.00	\$2,000.00	\$0.00	\$0.00	\$2,000.00	100%	\$0.00	\$0.00
2	Bonds	\$6,300.00	\$6,300.00	\$0.00	\$0.00	\$6,300.00	100%	\$0.00	\$0.00
3	Permits & Fees	\$5,600.00	\$5,600.00	\$0.00	\$0.00	\$5,600.00	100%	\$0.00	\$0.00
4	Mobilization	\$18,300.00	\$18,300.00	\$0.00	\$0.00	\$18,300.00	100%	\$0.00	\$0.00
5	Cartage, Rentals, Shack	\$11,200.00	\$11,200.00	\$0.00	\$0.00	\$11,200.00	100%	\$0.00	\$0.00
6	Supervision	\$7,000.00	\$2,460.00	\$1,400.00	\$0.00	\$3,850.00	55%	\$3,150.00	\$0.00
7	Electrical Warranty	\$7,000.00	\$0.00	\$0.00	\$0.00	\$0.00	0%	\$7,000.00	\$0.00
8	Demolition	\$36,000.00	\$6,900.00	\$0.00	\$0.00	\$6,900.00	19%	\$29,100.00	\$0.00
9	Conduit	\$73,300.00	\$43,830.00	\$0.00	\$0.00	\$43,830.00	60%	\$29,470.00	\$0.00
10	Manholes & Ductbanks	\$25,000.00	\$25,000.00	\$0.00	\$0.00	\$25,000.00	100%	\$0.00	\$0.00
11	Bldg. Wire & Cable	\$139,890.00	\$0.00	\$6,894.50	\$0.00	\$6,894.50	5%	\$132,995.50	\$0.00
12	Boxes	\$8,450.00	\$1,300.00	\$422.50	\$0.00	\$1,722.50	20%	\$6,727.50	\$0.00
13	Wiring Devices	\$3,200.00	\$0.00	\$0.00	\$0.00	\$0.00	0%	\$3,200.00	\$0.00
14	Cabinets & Enclosures	\$8,000.00	\$0.00	\$6,500.00	\$0.00	\$6,500.00	81%	\$1,500.00	\$0.00
15	Grounding & Bonding	\$5,430.00	\$1,629.00	\$1,086.00	\$0.00	\$2,715.00	50%	\$2,715.00	\$0.00
16	Supporting Devices	\$14,180.00	\$8,154.00	\$0.00	\$0.00	\$8,154.00	58%	\$6,026.00	\$0.00
17	Electrical Identification	\$5,200.00	\$0.00	\$0.00	\$0.00	\$0.00	0%	\$5,200.00	\$0.00
18	Switchboards	\$61,500.00	\$0.00	\$0.00	\$0.00	\$0.00	0%	\$61,500.00	\$0.00
19	Panelboards	\$86,700.00	\$80,850.00	\$0.00	\$0.00	\$80,850.00	93%	\$5,850.00	\$0.00
20	Circuit Breakers	\$11,700.00	\$0.00	\$0.00	\$0.00	\$0.00	0%	\$11,700.00	\$0.00
21	Fuses & Fuse Accessories	\$10,900.00	\$5,200.00	\$570.00	\$0.00	\$5,770.00	53%	\$5,130.00	\$0.00
22	Enclosed Transfer Switch	\$14,950.00	\$10,855.00	\$0.00	\$0.00	\$10,855.00	73%	\$4,095.00	\$0.00
23	Emergency Power Generation	\$49,040.00	\$47,155.00	\$0.00	\$0.00	\$47,155.00	96%	\$1,885.00	\$0.00
24	Interior Lighting	\$1,560.00	\$1,560.00	\$0.00	\$0.00	\$1,560.00	100%	\$0.00	\$0.00
25	Power Systems Study	\$5,000.00	\$5,000.00	\$0.00	\$0.00	\$5,000.00	100%	\$0.00	\$0.00
ALT 1-1	Supervision	\$6,000.00	\$1,200.00	\$0.00	\$0.00	\$1,200.00	20%	\$4,800.00	\$0.00
ALT 1-2	Electrical Warranty	\$734.00	\$0.00	\$0.00	\$0.00	\$0.00	0%	\$734.00	\$0.00
ALT 1-3	Demolition	\$21,400.00	\$2,140.00	\$0.00	\$0.00	\$2,140.00	10%	\$19,260.00	\$0.00
ALT 1-4	Conduit	\$24,900.00	\$14,610.00	\$650.00	\$0.00	\$15,260.00	61%	\$9,640.00	\$0.00
ALT 1-5	Bldg. Wire & Cable	\$84,300.00	\$0.00	\$0.00	\$0.00	\$0.00	0%	\$84,300.00	\$0.00
ALT 1-6	Circuit Breakers	\$12,000.00	\$0.00	\$0.00	\$0.00	\$0.00	0%	\$12,000.00	\$0.00
ALT 1-7	Power Systems Study	\$1,000.00	\$1,000.00	\$0.00	\$0.00	\$1,000.00	100%	\$0.00	\$0.00
CO1	Disconnect for Water Heater	\$1,614.49	\$0.00	\$595.86	\$0.00	\$595.86	37%	\$1,018.63	\$0.00
Totals		\$769,348.49	\$302,233.00	\$16,218.86	\$0.00	\$320,451.86		\$448,896.63	\$0.00

PREVIOUS RETAINAGE  
CURRENT BILLING \$16,218.86  
NEW RETAINAGE

ORIGINAL CONTRACT SUM \$ 767,734.00  
CHANGE BY CHANGE ORDER \$ 1,614.49  
CONTRACT SUM TO DATE \$ 769,348.49  
TOTAL COMPLETED AND STORED \$ 320,451.86  
TOTAL RETAINAGE \$0.00  
TOTAL EARNED LESS RETAINAGE \$ 320,451.86  
LESS PREV CERTIFICATES FOR PAY \$ 302,233.00  
8.40% SALES TAX: \$ 1,530.38  
CURRENT PAYMENT DUE \$ 19,740.24

EXHIBIT "B" PREVAILING WAGE AFFIDAVIT FORM

PREVAILING WAGE AFFIDAVIT FORM

STATE OF WASHINGTON

ss.

COUNTY OF SPOKANE:

I, the undersigned, having been duly sworn, depose, say and certify that in connection with the performance of the work, payment for which this voucher is submitted, I have paid prevailing wage rates in accordance with the Statement of Intent to Pay Prevailing Wages previously filed with the District; and no laborer, workman or mechanic so employed upon such work has been paid less than the prevailing rate of wage or less than the minimum rate of wages as specified in the principal contract; that I have read the above and foregoing statement and certificate, know the contents thereof and the substance as set forth therein is true to my knowledge and belief.

Signature of Contractor's Authorized Representative: \_\_\_\_\_

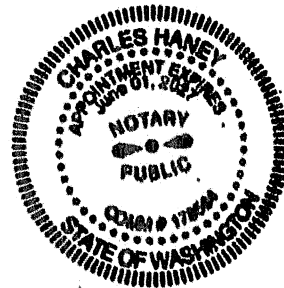
Name: Jesse Kure. Title: Project Manager

SUBSCRIBED AND SWORN to before me this 6th day of July, 2023.

\_\_\_\_\_  
Signature of Notary Public

(Seal or Stamp)

NOTARY  
Title: \_\_\_\_\_  
Residing at: Spokane, WA  
My Appointment Expires 6-1-27





Print

## COMMISSIONERS AGENDA MEETING REQUEST FORM - Submission #573

Date Submitted: 8/23/2023

# COMMISSIONERS CONSENT AGENDA REQUEST FORM

Must be submitted by 12:00 pm on Thursday

**OFFICE / DEPARTMENT:\***

BOCC

Please select your Office or Department from the dropdown list.

**REQUESTOR:\***

Janice Flynn

Name of person making this request

**DATE OF REQUEST:\***

8/29/2023

Date this request is submitted

**PHONE #:\***

509 754 2011 ext 2937

Phone number to reach requestor with any questions

**INDIVIDUAL ATTENDING:\***

Janice Flynn

Name of individual that will be attending either the roundtable and/or consent agenda meeting to answer any questions

**CONFIDENTIAL:\***

NO

Does this document contain confidential information

**TYPE(S) OF DOCUMENTS BEING SUBMITTED\***

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> AGREEMENT / CONTRACT        | <input type="checkbox"/> EMPLOYEE RELATIONS                    | <input type="checkbox"/> OUT OF STATE TRAVEL  | Check all boxes that apply and supply supporting documentation |
| <input type="checkbox"/> AP VOUCHERS                 | <input type="checkbox"/> FACILITIES RELATED                    | <input type="checkbox"/> PETTY CASH           |  |
| <input type="checkbox"/> APPOINTMENT / REAPPOINTMENT | <input type="checkbox"/> FINANCIAL                             | <input type="checkbox"/> POLICIES             |  |
| <input type="checkbox"/> ARPA RELATED                | <input type="checkbox"/> FUNDS                                 | <input type="checkbox"/> PROCLAMATIONS        |  |
| <input type="checkbox"/> BIDS / RFPs / QUOTES AWARD  | <input checked="" type="checkbox"/> INVOICES / PURCHASE ORDERS | <input type="checkbox"/> REQUEST FOR PURCHASE |  |
| <input type="checkbox"/> BID OPENING SCHEDULED       | <input type="checkbox"/> HEARING                               | <input type="checkbox"/> RESOLUTION           |  |
| <input type="checkbox"/> BOARDS / COMMITTEES         | <input type="checkbox"/> GRANTS - FED / STATE / FED            | <input type="checkbox"/> TAX LEVIES           |  |
| <input type="checkbox"/> BUDGET                      | <input type="checkbox"/> LEASES                                | <input type="checkbox"/> THANK YOU'S          |  |
| <input type="checkbox"/> COMPUTER RELATED            | <input type="checkbox"/> MOA / MOU                             | <input type="checkbox"/> TAX TITLE PROPERTY   |  |
| <input type="checkbox"/> COUNTY CODE                 | <input type="checkbox"/> MINUTES                               | <input type="checkbox"/> WSLCB                |  |
| <input type="checkbox"/> EMERGENCY PURCHASE          | <input type="checkbox"/> ORDINANCES                            |   |  |

RECEIVED

AUG 23 2023

GRANT COUNTY COMMISSIONERS

**WORDING FOR AGENDA:\***

Reimbursement request for Strategic Infrastructure Program (SIP) Project No. 2021-01 for Grant County Hospital #4 - McKay Healthcare, Phase 1 Capital Improvement Plan, in the amount of \$20,749.24 grant monies.

**FILE UPLOAD:\***

SIP Request.pdf

Upload documents that are requested to be on the consent agenda

Please provide the suggested wording that will placed as the title for this document on the consent agenda

**LEGAL REVIEW:\***

NO



Is legal review required for this action?

**LEGAL SIGNATURE**

First M. Last

**DATE OF LEGAL REVIEW:**

mm/dd/yyyy

**BOCC ACTION**

To Be Completed by BOCC Staff

**BOCC ACTION**

- |  |   |
|--|---|
| <input type="checkbox"/> APPROVED                            | <input type="checkbox"/> CONTINUED TO DATE: |
| <input type="checkbox"/> DENIED                              | <input type="checkbox"/> OTHER              |
| <input type="checkbox"/> TABLED / DEFERRED / NO ACTION TAKEN |   |

**DATE OF ACTION**

mm/dd/yyyy